

STATE OF VERMONT DEPARTMENT OF LABOR WORKERS' COMPENSATION DIVISION PO Box 488, Montpelier, VT 05601-0488

DOL FORM 28	FY-14 Rev 6/13
State File No.	
Ins. Co. File No.	
Date of Injury	
Fed. ID No.	

www.labor.vermont.gov

NOTICE OF CHANGE IN COMPENSATION RATE (for INJURIES AFTER JULY 1, 1986)

(En	ployee)							
	(Employee)			(Employer)				
type of agreement involved:		Temporary Total]	Permanent Total		Fatal	
		Temporary Partial]	Permanent Partial			
		te effective June 30, 201	3.			\$		
			the maximu	ım ı	rate of \$1,166 or less than			
						\$		
For Temporary Total Disability and write in the result.	cases ON	<u>ILY</u> , multiply the numbe	er of depende	ents	under the age of 21 by \$10	\$		
Write in the TOTAL of lines 2 a	nd 3. Th	is is the new compensati	ion rate for th	he y	year beginning July 1, 2013.	\$_		
CANNOT	EXCEE	D THE WEEKLY N	ET INCOM	1E.	FOR INJURIES AFTER I	MAY 25	, 2004 THE	
num rate is \$1,166 and the minir	num rate	is \$389 (not including d	ependent's b	ene	efits) for the year beginning J	uly 1, 20	013.	
s an amendment to the original T	emporar	y Total, Temporary Parti	ial, Permaner	nt P	Partial, Permanent Total, or Fa	atal agre	ement.	
Insurance Company or S	Self-Insured		-		Dat	e		
Claims Adjuster's S	ignature		_		Titl	e		
	Multiply line 1 by 1.017 and writhe minimum of \$389. (see REMANY CLAIM WHERE THE EMMAXIMUM SHALL BE ENTE For Temporary Total Disability and write in the result. Write in the TOTAL of lines 2 a REMINDERS: FOR INJUCANNOT COMPENS TEMPORA ADJUSTED TO THE STATE OF	Multiply line 1 by 1.017 and write in the the minimum of \$389. (see REMINDER ANY CLAIM WHERE THE EMPLOYE MAXIMUM SHALL BE ENTERED HE For Temporary Total Disability cases ON and write in the result. Write in the TOTAL of lines 2 and 3. The REMINDERS: FOR INJURIES I CANNOT EXCEE COMPENSATION TEMPORARY TO ADJUSTED ON TIME AND ADJUSTED ON THE COMPENSATION TEMPORARY TO ADJUSTED ON TIME AND ADJUSTED ON THE COMPENSATION TEMPORARY TO ADJUSTED ON THE COMPENSATION THE COMPENSATION TEMPORARY TO ADJUSTED ON THE COMPENSATION THE CO	Multiply line 1 by 1.017 and write in the result, but not more than the minimum of \$389. (see REMINDER below) ANY CLAIM WHERE THE EMPLOYEE RECEIVED THE MAMAXIMUM SHALL BE ENTERED HERE SUBJECT TO EMP For Temporary Total Disability cases ONLY, multiply the number and write in the result. Write in the TOTAL of lines 2 and 3. This is the new compensate REMINDERS: FOR INJURIES BETWEEN JULY 1, 11 CANNOT EXCEED THE WEEKLY NOTAL OR TEMPORARY TOTAL OR TEMPORARY TOTAL OR TEMPORARY ADJUSTED ON THE FIRST JULY 1 FOR INJURIES BETWEEN SULY 1 TO THE PROPERTY OF THE WEEKLY IN COMPENSATION THE FIRST SULY 1 TO THE PROPERTY OF THE WEEKLY IN THE PROPERTY OF THE WEEKLY IN THE PROPERTY OF THE WEEKLY IN THE PROPERTY OF THE PROP	Multiply line 1 by 1.017 and write in the result, but not more than the maximus the minimum of \$389. (see REMINDER below) ANY CLAIM WHERE THE EMPLOYEE RECEIVED THE MAXIMUM OF MAXIMUM SHALL BE ENTERED HERE SUBJECT TO EMPLOYEE'S A For Temporary Total Disability cases ONLY, multiply the number of dependent and write in the result. Write in the TOTAL of lines 2 and 3. This is the new compensation rate for the REMINDERS: FOR INJURIES BETWEEN JULY 1, 1994 AND M. CANNOT EXCEED THE WEEKLY NET INCOM COMPENSATION RATE CANNOT EXCEED 90% of TEMPORARY TOTAL OR TEMPORARY PARTIAL ADJUSTED ON THE FIRST JULY 1 FOLLOWING num rate is \$1,166 and the minimum rate is \$389 (not including dependent's but an amendment to the original Temporary Total, Temporary Partial, Permaner Insurance Company or Self-Insured	Multiply line 1 by 1.017 and write in the result, but not more than the maximum the minimum of \$389. (see REMINDER below) ANY CLAIM WHERE THE EMPLOYEE RECEIVED THE MAXIMUM ON JUMAXIMUM SHALL BE ENTERED HERE SUBJECT TO EMPLOYEE'S AVE For Temporary Total Disability cases ONLY, multiply the number of dependents and write in the result. Write in the TOTAL of lines 2 and 3. This is the new compensation rate for the years of the weekly net income. Compensation RATE CANNOT EXCEED THE WEEKLY NET INCOME. COMPENSATION RATE CANNOT EXCEED 90% OF TEMPORARY TOTAL OR TEMPORARY PARTIAL OR ADJUSTED ON THE FIRST JULY 1 FOLLOWING THE Num rate is \$1,166 and the minimum rate is \$389 (not including dependent's bence an amendment to the original Temporary Total, Temporary Partial, Permanent Finance Company or Self-Insured	Multiply line 1 by 1.017 and write in the result, but not more than the maximum rate of \$1,166 or less than the minimum of \$389. (see REMINDER below) ANY CLAIM WHERE THE EMPLOYEE RECEIVED THE MAXIMUM ON JUNE 30, 2013, THE NEW MAXIMUM SHALL BE ENTERED HERE SUBJECT TO EMPLOYEE'S AVERAGE WEEKLY WAGE. For Temporary Total Disability cases ONLY, multiply the number of dependents under the age of 21 by \$10 and write in the result. Write in the TOTAL of lines 2 and 3. This is the new compensation rate for the year beginning July 1, 2013. REMINDERS: FOR INJURIES BETWEEN JULY 1, 1994 AND MAY 25, 2004 THE COMPENS CANNOT EXCEED THE WEEKLY NET INCOME. FOR INJURIES AFTER SOME COMPENSATION RATE CANNOT EXCEED 90% OF THE AVERAGE WEEKLY ADJUSTED ON THE FIRST JULY 1 FOLLOWING THE RECEIPT OF 26 WEEK num rate is \$1,166 and the minimum rate is \$389 (not including dependent's benefits) for the year beginning July an amendment to the original Temporary Total, Temporary Partial, Permanent Partial, Permanent Total, or Fallowing Insurance Company or Self-Insured Date The Maximum rate of the properties of the self-Insured Date Insurance Company or Self-	Multiply line 1 by 1.017 and write in the result, but not more than the maximum rate of \$1,166 or less than the minimum of \$389. (see REMINDER below) ANY CLAIM WHERE THE EMPLOYEE RECEIVED THE MAXIMUM ON JUNE 30, 2013, THE NEW MAXIMUM SHALL BE ENTERED HERE SUBJECT TO EMPLOYEE'S AVERAGE WEEKLY WAGE. SOFT Temporary Total Disability cases ONLY, multiply the number of dependents under the age of 21 by \$10 and write in the result. Write in the TOTAL of lines 2 and 3. This is the new compensation rate for the year beginning July 1, 2013. REMINDERS: FOR INJURIES BETWEEN JULY 1, 1994 AND MAY 25, 2004 THE COMPENSATION CANNOT EXCEED THE WEEKLY NET INCOME. FOR INJURIES AFTER MAY 25 COMPENSATION RATE CANNOT EXCEED 90% OF THE AVERAGE WEEKLY WAGE TEMPORARY TOTAL OR TEMPORARY PARTIAL COMPENSATION SHALL FIRST ADJUSTED ON THE FIRST JULY 1 FOLLOWING THE RECEIPT OF 26 WEEKS OF B num rate is \$1,166 and the minimum rate is \$389 (not including dependent's benefits) for the year beginning July 1, 20 an amendment to the original Temporary Total, Temporary Partial, Permanent Partial, Permanent Total, or Fatal agree Insurance Company or Self-Insured Date	

<u>Instructions to insurance company or self-insurer</u>: Complete above. Increase the weekly compensation rate beginning July 1, 2013. File **three (3) copies** with the Department of Labor before July 15, 2013. After the change has been approved please provide a copy to the claimant.

Date

Commissioner of Labor & Industry/Designee